Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD AVAILABLE COPY Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS				us 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 = *					X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	i
* if	the difference	in column 1 is	less than ze	an zero, enter "0" in column 2			L	TOTAL		OR	TOTAL	ПO
CLAIMS AS AMENDED - PART II								OTHER THAN				
		(Column 1) CLAIMS	1	(Colu		(Column 3)	lr	SMALL		OR I	SWALL	
AMENDMENT A	1	REMAINING AFTER AMENDMENT			IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	l	X40=		OR	X80=	
Ĺ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN.	T CLAIM		!	+135=			+270=	
TOTAL									-	OR	TOTAL	
								DDIT. FEE		OR	ADDIT. FEE	
_		(Column 1)	T		mn 2) HEST	(Column 3)	` F			1		
AMENDMENT B	₩.	REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	-	=	┧╽	X40=		OR	X80=	
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	(Column 3)	<u>.</u>								
AMENDMENT C	as my manifest	CLAIMS REMAINING AFTER AMENDMENT	ger al constituent franchischen	NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	」	X40=		1	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ├			OR	<u> </u>	
+135=										OR	+270=	
••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		mber Previously P					er fou	nd in the and	oronriate ho	y in co	alumn 1	